Case 24-10179-amc Doc 26 Filed 04/26/24 Entered 04/26/24 11:57:00 Desc Main Document Page 1 of 2

Fill in	this inform	nation to identify you	ır case:				
Deb	tor 1	Sarah		Go	oldstein		
		First Name	Middle Na				
	tor 2						
(Spo	use, if filing)	First Name	Middle Na	ime Las	t Name		
Unit	ed States E	Bankruptcy Court fo	r the:	Eastern	District of	Pennsylvania	<u>a</u>
	e number lown)	24-10179					☑ Check if this is an amended filing
Offic	ial Form	106H					amended ming
Scl	hedu	le Η: Υοι	ır Code	ebtors			12/15
iling the en	together, b tries in the n). Answer	ooth are equally re e boxes on the left every question.	sponsible for s . Attach the Ad	supplying corre	ct information. If o this page. On t	more space is in the top of any Ac	e and accurate as possible. If two married people are needed, copy the Additional Page, fill it out, and number dditional Pages, write your name and case number (if
1.	Do you h ☐ No ☑ Yes	ave any codebtors	s? (If you are fili	ing a joint case, o	do not list either sp	oouse as a codel	otor.)
2.	California No. G Yes. D	, Idaho, Louisiana, o to line 3. Did your spouse, for	Nevada, New M	lexico, Puerto Ri	co, Texas, Washir	ngton, and Wisco	nunity property states and territories include Arizona, insin.) Fill in the name and current address of that person.
	Name of your spouse, former spouse, or legal equ			e, or legal equiva	uivalent		
	N	umber	Street			_	
	C	ity	State		ZIP Code	_	
3.	2 again a	s a codebtor only	if that person i	is a guarantor o	r cosigner. Make	sure you have	spouse is filing with you. List the person shown in line listed the creditor on <i>Schedule D</i> (Official Form 106D), <i>Schedule E/F</i> , or <i>Schedule G</i> to fill out Column 2.
	Column 1	: Your codebtor				Co	olumn 2: The creditor to whom you owe the debt
						Ch	neck all schedules that apply:
3.1	Dental (Care Creative Ar	ts and Cosm	etics Studio P	C		
	Name					Schedule D, line	
	155 W Butternut Rd						Schedule E/F, line
	Number Street Hellertown, PA 18055-9712						Schedule G, line
	City	WII, FA 16055-9	State			ZIP Code	
3.2							
	Name						Schedule D, line
			0:				Schedule E/F, line
	Number		Street				Schedule G. line

State

ZIP Code

City

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Fill in this information	to identify your case:			
Debtor 1	Sarah	Goldstein		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		Eastern District of Pennsylvania		
Case number 24-10179				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below						
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?						
☑ No ☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).					
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.						
Y						
/s/ Sarah Goldstein Sarah Goldstein, Debtor 1						
Date 04/26/2024 MM/ DD/ YYYY						